**INSTRUCTIONS:** Pages 1 and 2 of this application should be completed using this electronic document. The narrative should be created using a separate document. Mail or deliver the original and three copies of the complete application, including the signed assurances, narrative, and attachments to: Office of School Improvement, Michigan Department of Education, PO Box 30008, Lansing, MI 48909. Also, email the completed pages 1 and 2 of this application as an attachment to MarshH@michigan.gov.

CHECK THE APPROPRIAT	E BOX:				
For Profit Company Non-Profit Organization Institution of Higher Education	-Profit Organization Public School Academy Private School				
Section 1: Provider Identific	eation				
Name of Entity Parnall Elem	entary School				
Name of Director Emily Kree	SS				
Address 3737 Lansing Avenue		_ City <u>Jackson</u>	_ State <u>MI</u> _	<b>Zip</b> 49202	
Phone <u>517-768-4500</u> Fax <u>517-784-0643</u>		Email ekress@gmail.nsd.k12.mi.us			
<b>Proposed Location of Service</b>	es (if different from a	above):			
Address		_ City	_ State	_ Zip	
If different from Director: Name of Contact Person					
Address		_ City	_ State	_ Zip	
PhoneI	`ax	Email			
1. Our organization can pro All local school district To only the following	vide services to: ets/PSAs in Michigan	: Yes \( \sum \) No X	chool districts	/PSAs you are	
willing to serve)					
Northwest Community S	Schools, Jackson, Michi	gan			
2. Proposed Location of Ser services to students:	<b>vices</b> – Provide address	ses for the locations	where you plan	to deliver SES	
Site Location #1: Parn	all Elementary School,	3737 Lansing Avenu	ıe, Jackson, MI	49202	
Site Location #2:					
Site Location #3:					
<b>3. Transportation</b> – Provide i	nformation about acces	sibility to public tra	nsportation fron	n your site:	
Northwest Community S	Schools Transportation				

4. Indicate if you are willing to provide services to eligible students at the school site: Yes $X$ No $\square$
Section 3: Provider Academic/Instructional Program Information
1. Subject Areas Covered – List all subject areas you address in working with students:
Reading and Math
2. Grade Level Able to Serve – Indicate the grade levels you are able to serve: 2 <sup>nd</sup> through 5 <sup>th</sup>
<b>3. Time of Services</b> – Indicate when you deliver services to students:
Before School X After School Weekends Summer Other
<ul> <li>4. Mode of Instructional Delivery – Describe the methods by which your program delivers instruction to students:</li> <li>Individual Tutoring X Small Group Instruction</li> <li>Online Web-Based</li> <li>Other</li></ul>
<b>5. Schedule of Services</b> – Indicate the length of each tutoring session and number of sessions per week Length of Session <u>3:45 to 4:45 p.m.</u> Number of Sessions per Week <u>3</u>
6. Staffing – Indicate the type(s) of staff that provide instruction to students:  X Certified Teachers Paraprofessionals Volunteers Other
<b>7. Special Populations Served</b> – Indicate special populations you are able to serve:
X Special Education Limited English Proficient X Other Economically Disadvantaged
Section 4: Provider Fees  Cost/Fee Structure – Check and complete the cost/fee structure you use:
X \$9.50 per hour (unit of time, e.g., hour, week, etc.) per student.
\$ (flat fee) for (unit of time, e.g., month, semester, year) per student.